



REQUEST FOR INFORMATION

In order to keep our records current, please complete and return this form to our office as soon as possible.

Please check **all** that apply:

_____ I am enrolled in a BSN program and expect to graduate: _____
(Attach enrollment verification/class schedule) (Month/Year)

_____ I am not currently enrolled in a BSN program. I anticipate enrollment in a BSN program during the _____.
(Semester/Year)

_____ I am currently employed as a _____ at _____
(Position Title)
(Name of Facility). (If you have not done so already, please attach employment verification.)

_____ I am not currently employed.

_____ None of the above apply to me. (Please state your current academic and/or employment status. Continue on the back of this page if necessary.)



☐ **Address/telephone number change.**
(Please print or type)

(Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

Please provide current E-mail address below. (Please print or type)

Would you like to receive correspondence via E-mail?

Yes ☐

No ☐

Printed Name: _____

Signature: _____

Please contact our office at (800) 773-1669, if you have any questions regarding this form.